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I am submitting herewith a dissertation written by Theodore Wingo Hayes entitled "A Comparison of Techniques for Teaching Empathic Responding to Counselor-Directed Hostility." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Education, with a major in Educational Psychology.

Charles L. Thompson, Major Professor

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William Poppen, Ohmer Milton, Kathleen Davis

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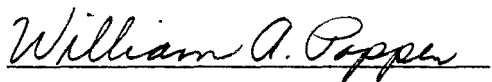
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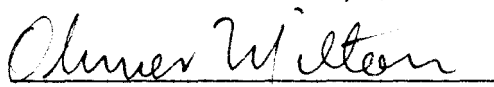
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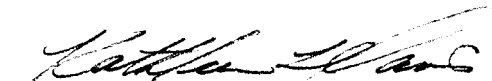
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Charles L. Thompson
Major Professor

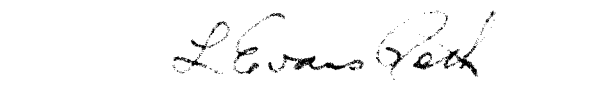
We have read this dissertation
and recommend its acceptance:







Accepted for the Council:


Vice Chancellor
Graduate Studies and Research

A COMPARISON OF TECHNIQUES FOR TEACHING EMPATHIC
RESPONDING TO COUNSELOR-DIRECTED HOSTILITY

A Dissertation
Presented for the
Doctor of Education
Degree
The University of Tennessee, Knoxville

Theodore Wingo Hayes

December 1979

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ABSTRACT

The present study was designed to determine the effectiveness of a verbal practice technique for teaching counselor trainees to respond in a consistently empathic manner when confronted with a client's counselor directed negative affect. The verbal practice technique was compared with a modeling/didactic treatment model.

Thirty-two graduate students enrolled in courses of educational psychology at a large southern university were randomly assigned to one of four treatment groups. A paper-and-pencil measure of pretreatment empathic responding skills was effected for each subject. One group received the verbal practice treatment in which the model attempted to consistently respond to a client whose negative affect was other-directed. A second group received a similar treatment, with the difference being that the model attempted to consistently respond to counselor-directed negative affect. Subjects in each of these groups were periodically directed to practice responses they would make were they the counselor in these situations. The method allowed for comparison with the model, thus, providing immediate feedback.

A third group received the modeling/didactic treatment which included a brief lecture and a simulated interview in which the model responded to other-directed negative affect. The final group's treatment was similar to that of the third group, but the model responded to counselor-directed negative affect. In these two groups no mention was

made of rehearsal. All four treatments were effected via videotape and all subjects received treatment individually.

After treatment, each subject counseled a role-playing client whose negative affect (hostility) was counselor-directed. Consistent empathic responding was measured by means of an "on ratio."

It was hypothesized that both verbal practice treatments would be more effective than either of the modeling/didactic treatments. When group means were adjusted for differences in pretreatment empathic responding skills levels, neither main effect (treatment versus focus of affect) was significant, though the verbal practice treatment groups (in both levels of focus of negative affect) demonstrated higher "on ratios."

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CHAPTER I

STATEMENT OF PROBLEM

Hector, Davis, Denton, Hayes, Crowder, and Hinkle (Note 1) found that counselor trainees can be trained to use approach measures when confronted with client other-directed negative affect. However, since their study dealt only with the aspect of other-directed, including self-directed, negative affect, it is not known if their technique is as effective when training counselors to respond to counselor-directed negative affect. Therefore, the present study was aimed to discern whether or not the treatment model of verbal practice used by Hector et al. (Note 1) is a valid means for teaching counselor trainees to use approach methods when confronted with a client's counselor-directed hostility.

Rationale

Gamsky and Farwell (1966), with findings similar to those of Bandura, Lipsher, and Miller (1960), reported that counselor trainees used avoidance measures when confronted with client hostility, either other-directed or counselor-directed, with the latter eliciting an even more negative reaction by the counselors in their study. However, Hector et al. (Note 1), using a videotaped verbal practice technique as a training model, reported that counselor trainees subjected to this particular treatment used approach-type measures (e.g., reflection

of feeling, requesting more information, elaboration) 70% of the time when dealing with client other-directed anger and depression.

Hector, Davis, Denton, Hayes, and Hector (1979) reported that there appears to be a natural tendency for counselor trainees to avoid dealing with client negative affect (e.g., anger, depression, guilt). Danesh (1977) reported that if anger is neither allowed to be expressed nor dealt with, it can destroy the creative functions of a person "not only through violence and hostility but through self-destructive and self-limiting conditions as well" (p. 1109), a development that would hardly seem appropriate in a facilitative counseling setting (Carkhuff & Berenson, 1967).

There are many respected theories of counseling that consider that the importance of feelings in the counseling setting can be minimized and that rational problem-solving should be the main focus of the interview. Therefore, no assumptions should be made that this research was intended to intimate that in-depth attention to negative affect is the only method of being facilitative in the counseling setting. The initial confrontation of strong criticism can be both a frightening and upsetting experience for the counselor trainee. The decision to either deal with or ignore the negative feelings must be a conscious choice and not based on the counselor's fear in the situation or lack of knowledge of how to do it (Hector et al., 1979). Like any other skill, the technique of encouraging expression of negative feelings "can only be perfected through practice, during which the counselor(s) will come to regard expressions of feeling as an integral part of the therapeutic process" (Faries, 1958, p. 628).

The Hector et al. (1979) study demonstrates no differences in the consistency of responding between modeling and didactic groups. The literature is replete with studies from different counseling theoretical orientations demonstrating that a combination of modeling and the didactic are more effective in training counselors to respond empathically to clients (Dalton, Sunblad, & Hylbert, 1973; Green & Marlatt, 1972; Kanareff & Lazetta, 1958; Masters & Branch, 1969; Payne, Weiss, & Kapp, 1972; Whalen, 1969). The modeling/didactic condition, in videotape form, is used as a comparative treatment in this study.

Questions

The following questions arose as a result of the research of Hector et al. (Note 1) and as a logical consequence of the design utilized in this study:

1. Which treatment model will be most efficacious in teaching counselor trainees to respond consistently to a client's counselor-directed hostility?
2. Will the training received through the verbal practice technique with other-directed negative affect transfer to situations in which the client's negative affect is counselor-directed?
3. Do counselor trainees need specific training in dealing with situations in which negative affect is counselor-directed?
4. What are the implications of the findings of this research for counselor education in the future?

Hypotheses

Relative to the questions above, the following hypotheses were formulated:

1. Both verbal practice models will be more facilitative in teaching counselor trainees to respond consistently to a client's counselor-directed hostility than will the other models.

2. The learning with the verbal practice technique with other-directed negative affect will transfer to situations with counselor-directed negative affect and will facilitate consistent counselor responding.

3. There will be no statistical difference between the two verbal practice models, indicating that special training for counselor trainees in handling situations where there is counselor-directed negative affect will not be necessitated.

4. There will be significant implications for counselor educators in the future for teaching empathic responding in those theoretical orientations where such responding is deemed sufficiently important to be an integral part of the counseling process.

Operational Definitions

Approach measures. This term shall refer to those responses that deal with the affect. The affect may be dealt with by use of elaboration, investigation of intensity, duration, precipitating causes.

Avoidance measures. The definition here is in reference to responses that deal primarily with content to the neglect of affect.

Negative affect. This is in reference to affect states such as guilt, depression, anger, anxiety, with the major emphasis and definition referring to hostility.

Feedback. Feedback is referring to information that the trainees receive relative to their performance skills.

CHAPTER II

REVIEW OF LITERATURE

Components of Behavioral Training

A survey of the literature in the area of teaching counseling skills (e.g., empathy, problem-solving) suggests that there are several components in the behavioral training process. Ford (1979) suggests that there are various means of teaching these skills: didactic instructions, both verbal and written; modeling, whether in vivo observation or by either audiotape or videotape; rehearsal, in an in-class situation or in a simulated interview setting; feedback, both immediate and delayed; and others. Since this particular study was more concerned with teaching the skill of responding empathically, that will be the major focus of this review even though there will be instances where teaching the general range of counseling skills (e.g., reflection of both affect and content, confronting, problem-solving) may be appropriate.

While there are many respected theoretical orientations that would consider rational problem solving the major focus of the interview setting, communicating empathic understanding is recognized as a salient therapeutic skill in counseling and psychotherapy by professionals with a wide range of theoretical orientations (Carkhuff & Berenson, 1967; Fiedler, 1950; Greenson, 1966; Krumboltz, 1967).

Fischer, Paveza, Kickert, Hubbard and Grayton (1975), utilized professional therapists as their subjects and found no difference in the levels of empathy, warmth, and genuineness. Their subjects had been categorized into one of three groups: psychodynamic, behavioristic, or humanistic in orientation.

While the literature is expanding with regard to the most appropriate methods for teaching facilitative counseling skills, there are those who may have doubts about the efficacy of such training. Greif and Hogan (1973), in a discussion of the theory and measurement of empathy, state that "while it seems reasonable to expect a moderately positive relationship between empathy scores and performance as a counselor, the degree to which an empathic disposition can be trained is an empirical question" (p. 284). In a study in which first- and fourth-year level clinical and nonclinical trainees were studied, Carkhuff, Kratochvil, and Friel (1968) concluded that graduate school doesn't help increase communication of facilitative conditions. They suggest that these levels of communication decrease over four years of training. Ford (1979) states that though there is evidence that isolated interviewer skills may be successfully taught in a brief time (as little as one hour), he thinks that integrating those discrete skills into a complete therapist repertoire is another matter entirely and suggests that the means of accomplishing this has rarely been empirically investigated.

The literature in recent years has begun to report investigations that are aimed at teaching both discrete skills as well as

groups of therapist skills. Attention will now be focused on the various components utilized in the teaching of these skills to the counselor trainee.

Didactic Instructions

Certainly the traditional counselor training program, or any program of training, will utilize instructions which may be in either written or verbal form. Some programs may use instructions as the major method. Ford (1979) suggests that instructions must be differentiated from feedback and modeling, the impact of which are amplified by instructions. Goldberg (1971) found that modeling was enhanced by concomitant instructions for the subjects who were being trained to respond empathically. They were more effective, though not significantly, than those subjects who had modeling only. Stone and Stein (1978) state that instructions and modeling, singly or in combination, are effective verbal behavior modifiers. Green and Marlatt (1972) found that instructions enhanced description and expression of feeling while modeling led to more generalized verbal behavior.

Carlson (1974) found that instructions accompanying feedback from a supervisor resulted in a significantly higher level of empathic responding than when feedback only was used. Dowd and Blocher (1974), experimenting with effective methods of teaching confrontive relationship statements, found that those subjects who had had both instructions and feedback as part of the experimental training were more effective in verbalizing target statements than those who had had instructions only or feedback only. The feedback provided during the ensuing simulated

interview was a red light flash for an appropriate response and a green light flash for close approximations.

Perry (1975) found that instructions alone were significantly less effective in eliciting empathic responding than those treatments that included feedback and/or modeling. Ivey, Normington, Miller, Morrill, and Haase (1968) found that trainees who read an outline of the target behavior, viewed a videotaped model, and were reinforced selectively for verbal behavior production showed a significant improvement in the production of the target behavior.

Feedback

Ford (1979) states that feedback may be either a simple "right" or "wrong" or may be much more sophisticated to include such things as modeling, explanations, and/or specific discriminatory instructions. It may focus on specific trainee behavior or on the more general behavioral repertoire. The more specific feedback is with regard to performance the more effective it seems to be. Payne, Winter, and Bell (1972), investigating the effect of supervisor style on the learning of empathy, utilized a techniques-oriented style, where supervisors focused on specific supervisee behavior and gave them specific feedback in the form of examples of more empathic responses, and a counseling-oriented style of supervision, in which the supervisor-supervisee relationship resembled the counselor-client relationship. Those subjects experiencing the more specific techniques-oriented style were significantly superior to those in the other model.

Feedback may be presented through a variety of means. Trainees may experience videotape self-confrontation as in the interpersonal process recall (IPR) method (Kagan, Krathwohl, & Miller, 1963; Spivack, 1972) where the trainees see themselves on videotape and work with a recall worker and get significant amounts of feedback in the process. Other feedback may be of a nonverbal nature and utilize audio or visual signals, e.g., beeps and lights. O'Connell (1974) used a perceptual cue, a "beep," as both a means of immediate feedback through an earphone worn by the subject during verbal interaction and also as a means of delayed feedback (the cue dubbed in on a playback of the videotaped interaction). Canada (1973) used a flashing light as a form of immediate feedback for trainees learning basic interview techniques.

Feedback that is immediate has been shown to be consistently more satisfactory in producing target behaviors than has delayed feedback. Reddy (1969), in a study of effects of delayed and immediate feedback on the learning of empathy, demonstrated that immediate feedback was superior to delayed feedback in producing empathic response performance. O'Connell (1974) reported similar results, as did Canada (1973) in the study of teaching basic interview techniques.

Eisenberg and Delaney (1970) demonstrated that modeling in conjunction with feedback was more influential in eliciting target responses from counselor trainees than was feedback alone. Both Carlson (1974) and Dowd and Blocher (1974) demonstrated that instructions

combined with feedback were superior to feedback alone in producing empathic responses and confrontive statements, respectively. Hector et al. (Note 1) showed that modeling, rehearsal, and feedback in combination were better for evoking empathic responses than was the combination of modeling and instructions or the rehearsal alone. The subjects' comparisons of their rehearsed statements with those of the videotaped modeling counselor provided the feedback. Ford (1979) suggests that "feedback and instructions are not interchangeable labels: the latter precedes and the former follows the target response" (p. 101).

Modeling

Modeling similarly is another component of the training process that would tend to be both complex and multifaceted. Modeling can be used to demonstrate a single target behavior or a combination of therapist behaviors. Models may either appear alone or may be seen in an interaction with a client (Ford, 1979). Modeling may be utilized to demonstrate either effective or nonfacilitative behavior. Most seem to demonstrate only appropriate behavior, as in the Eisenberg and Delaney (1970) study where there was systematic exposure to a videotape model who exhibited the appropriate behavior. Eskedal (1975) not only had models exhibiting appropriate behavior but also provided verbal cueing to call attention to specific counselor behavior. Goldberg's (1971) models demonstrated suitable empathic responding in her study designed to teach that specific interviewer behavior.

Other modeling situations may present both appropriate and also ineffective behaviors so that trainees may learn to discriminate between them. Frankel (1971) demonstrated both in the study on responding to feeling. Saltmarsh (1973) used a similar approach in developing empathic interview skills by helping subjects learn to discriminate between affective and cognitive statements.

Bandura (1969) suggests that vicarious reward/punishment will have significant impact on observational learning if the model(s) is(are) observed receiving varied consequences, either positive or negative, after engaging in the target behavior. He also suggests that characteristics of the model may be influential on the observational learning process. If the viewer devalues or values such characteristics of the model as age, status, or sex, these valuations will have significant impact on the viewer's learning.

Modeling utilizes different media in its presentation. Saltmarsh (1973) used written descriptions as a means of presenting model behaviors to teach empathic responding. Goldberg (1971) used audiotape models in teaching trainees the reflection-of-feeling behavior. Uhlemann, Lea, and Stone (1976) used video models for training in empathic responding skills, as did Hector et al. (Note 1), Eskedal (1975), and Guttman and Haase (1972), among others.

Modeling, in combination with other training components, is more effective than modeling alone even though modeling alone seems to be more effective than some of the other training components alone. Dalton, Sunblad, and Hylbert (1973), in training in communication of empathy,

demonstrated that modeling is more effective as a means of training than is reading about the behavior. Goldberg (1971) showed that modeling is more effective than verbal instructions, however, for those low in interpersonal skills (Uhlemann et al., 1976) instructions were more effective than modeling alone. Bailey, Deardoff, and Nay (1977) demonstrated that role-play behavior rehearsal was less effective than that component in combination with modeling or feedback in promoting counselor behavior change in certain behaviors. Ronnestad (1977) in a study of various types of supervisory methods and styles determined that modeling was more effective than feedback, which in turn was more effective than the experiential method, in helping counselors communicate empathy.

Eisenberg and Delaney (1970) reported that systematic exposure to a model significantly influenced trainees' responses to clients seen on videotape, where the trainee responded to the videotaped clients' responses with the target responses, but not to clients seen live. The behavior was an aspect of goal-setting and may not have transferred since trainees may have learned elsewhere that goal-setting is not usually done in a first-interview setting. Therefore, their study seems to lack the "high fidelity" of Stone (1975). High fidelity indicates how representative the training situation was as compared to real counseling interactions. Stone's (1975) study may suggest that high fidelity in both rehearsal and modeling may be necessary when trainees will be expected to demonstrate their abilities to respond appropriately in an oral fashion. Stone and Stein (1978) went further in affirming these conclusions in their discussion of

the effects of modeling and instructions as a function of time. They concluded that modeling appears to facilitate knowledge acquisition but only makes a significant contribution to performance under a lengthened exposure time. Ford (1979) concludes that when the training objective is skill performance, then both rehearsal and instructions are important complements for modeling.

Rehearsal

While Ford (1979) may deem rehearsal an important complement to modeling in order for trainees to manifest skill performance, Pruden (1977) found no evidence to support that role-playing experiences provide more effective training than the didactic approach to training counselor trainees in the facilitative skill of empathy. His conclusion was that empathy is more of an inner experience and may not be understood or as easily grasped by the trainee in the role-playing situation.

Reddy (1969), however, demonstrated that rehearsal, in combination with immediate feedback, via earphone, was significantly effective in training counselors in learning empathic performance. Hector et al. (Note 1) found that covert and overt rehearsal, in combination with modeling and immediate feedback, a comparison of rehearsed statements with those of the model, was significantly more effective in training counselors to respond empathically than was rehearsal without the modeling and feedback. Dalton et al. (1973) used a treatment model that combined covert rehearsal with modeling in an effort to train in the communication of empathy and reported that this model produced a

significantly higher level of functioning. Stone and Vance (1976) reported that a systematic addition of instructions, modeling, and rehearsal to the training model increased the level of communication of empathy in posttraining interviews. Ford (1979) reports in his thorough review that behavior rehearsal is enhanced significantly by modeling or feedback but that further research into several parameters (e.g., difficulty of the role-play scene, type of target behavior) is needed. He believes that research is needed to determine whether role-playing is as valuable a training experience as it would intuitively seem to be.

Related Literature

Transfer of Analogue Studies

Ford (1979) suggests that monitoring the extent to which the impact of training persists after the training intervention has been terminated is essential. He states that few training studies have reported data of a followup nature but reports that one such study reports that complex skills often are not maintained upon completion of the formal training.

Guttman and Haase (1972) sought to determine if skills gained in analogue study transferred to an actual counseling setting. Counselor trainees went through three phases in this study. Experimental groups each had a diagnostic interview with an actor-client, prior to the instructional period, to assess entry level skills of attending, reflection of feeling, and summarization of feeling.

Instructional periods included training in these three skills by means of video models demonstrating positive and negative examples, by discussing the performance of the models with supervisors, by evaluating their own diagnostic tapes with supervisors, and then by participating in a second role-play interview. Control groups had the diagnostic interview, read and discussed with the trainer a manual describing and giving examples of the skills, and participated in the second role-play interview. Then two weeks later, at the university counseling center, these subjects counseled real clients who had agreed to participate for at least two sessions, and also agreed to be videotaped. Segments of the two tapes were rated for effective performance of the target behaviors. Experimental groups demonstrated significantly more effective reflection of feeling and summarization of feeling, while there was no significant difference between experimental and control groups in the attending behavior.

Eisenberg and Delaney (1970) reported that exposure to videotape models significantly influenced responses to clients seen on videotape but responses did not transfer to clients seen live. Stone (1975), however, found that simulation was an effective means of training counselor trainees. Stone and Vance (1976) found that a combination of instructions, modeling, and rehearsal helped subjects respond empathically significantly better than those subjects in other combination and single factor treatment models. Role-played interviewing was effected two weeks after training.

Kazdin (1978) discusses the evaluation of the generalizability of findings in analogue therapy research. He states that one of the values of analogue research is that it allows study, in a well-controlled fashion, of questions that may be prohibitive or impractical to explore or evaluate in clinical situations.

Client Hostility

Clients in the interview setting may express hostility in openly aggressive, sarcastic, demanding, complaining, and critical ways, or they may express their frustrations in a passive-aggressive manner. These manifestations of hostility may be either other-directed or they may be directed toward the therapist personally. The literature suggests that such hostility should be permitted expression, indeed, even encouraged in therapy (Danesh, 1977; Gamsky & Farwell, 1966; Hare-Mustin, Maracek, Kaplan, & Liss-Levinson, 1979). Bandura et al. (1960) suggest that high hostility anxiety may tend to render some therapists to display avoidance reactions and less likely to respond with approach reactions. They also report that therapists are less likely to handle hostility directed at them than they are hostility directed at others.

Hare-Mustin et al. (1979) suggest that failure to deal with a client's criticism and failure to even recognize the client's hostility do not foster a positive and facilitative therapeutic alliance. They further suggest that defensive reactions of this nature are "violations of the client's rights to have the reality component of his or her reactions respected and validated" (p. 10). They also

suggest that the therapists' supervisors have significant responsibility in providing the therapist with learning experiences that will aid them in handling situations in which the client's hostility is counselor-directed.

CHAPTER III

METHOD

This study sought to compare the behavioral training components, in varied combinations, used to teach counselor trainees more consistent empathic responding. A description of the methodology involved is presented in the ensuing chapter.

Subjects

The subjects for this study were 32 master's level graduate students enrolled in classes offered by the Department of Educational Psychology and Guidance at The University of Tennessee, Knoxville. Twenty-six females and six males volunteered after having been told that participation would enable them to gain counseling experience, though they would receive no class credit for participation. All volunteers were randomly assigned both to the treatment conditions and also to role-playing "clients."

Apparatus

A modified version of the Index of Responding (Gazda, Asbury, Balzer, Childers, Desselle, & Walters, 1973) was used in the study. The modification was to eliminate cue words that would have tended to specifically identify feelings being expressed in the statements. This modified Index of Responding (Appendix A) is a paper-and-pencil

method of measuring empathic responding skills and consists of eight statements expressing such feelings as joy and depression.

Independent Variables

Video training tapes similar to those utilized by Hector et al. (Note 1) were used in all treatment conditions. However, in this research another dimension was added to the levels of the treatment factor. This addition created a new factor, focus of client negative affect, i.e., other-directed, including self-directed, and counselor-directed. Therefore, the training models were verbal practice and modeling/didactic, each with other-directed client negative affect, and verbal practice and modeling/didactic, each with counselor-directed client negative affect. Hector et al. (Note 1) used the term "active practice" while this research used "verbal practice." The two are synonymous but since the subjects used both covert and overt verbalizations in the "practice" aspect of training, the term "verbal" was deemed more appropriate.

Verbal Practice with Other-Directed Client Negative Affect (Group I)

This treatment was developed by Hector et al. (Note 1) and was begun by an introductory section, the narrator of which emphasized the importance of responding to client affect. The introduction was followed by two role-played interviews, with the two role players alternating roles of counselor and client in the two interviews. The negative affects expressed by the "clients" in the two interviews were

loneliness and anxiety. The videotape was prepared in such a way that after each client verbalization a pause was inserted that allowed the narrator to direct the subject to formulate and either covertly or overtly practice responses that focused on the client affect. When the videotaped interview resumed after the pauses the subject heard the role-playing counselor's response which focused on the feelings of the client. This procedure was utilized in both role-played interviews. Listening to the counselor responses enabled the subjects to compare their own responses to those of the affect-oriented model counselors. A verbatim of the audio portion of the tape is included in Appendix B.

Verbal Practice with Counselor-Directed
Client Negative Affect (Group II)

This treatment was identical to Group I above with the exception of the focus of the negative affect in the role-played settings. Here the affect was counselor-directed and the two role play situations revolved around (a) the client's accusations of counselor-induced nervousness, and (b) the client's blaming the counselor for guilt feelings perceived to be brought on by counselor-imposed values. The verbatim of this model is found in Appendix C.

Modeling/Didactic with Other-Directed
Client Negative Affect (Group III)

The first half of this tape was a lecture on the importance of responding consistently to client negative affect. The lecturer offered several suggestions of types of responses that would enable the counselor

to focus on such affect. The second half was a role-played interview in which the counselor responds to the other-directed negative affect of anxiety. This was an expanded version of the role play of anxiety used in Group I above. Expanding of the role-played situation was done in an attempt to equalize the length of viewing time of each videotape. There was no mention of verbal practice. A verbatim of the audio portion of this tape is found in Appendix D.

Modeling/Didactic with Counselor-Directed Client Negative Affect (Group IV)

This treatment model was the same lecture and modeling format as in Group III above with the difference being that the lecture included content about the possibility of counselor-directed negative affect. There also were added suggested responses that would enable the counselor to deal with that focus of affect. The role play situation was the one from Group II above in which the client accused the counselor of making him nervous in the interview setting. This role play was also an expanded version. Again no mention was made of verbal practice. Appendix E contains the verbatim of the audio portion of this training tape. All videotapes in Groups I-IV were approximately fifteen minutes in length.

Procedure

Subjects reported to the project office at previously arranged times and were taken to one of the experiment rooms where they were

asked to read and sign a subject release form (Appendix F). Subjects were then given a copy of the Index of Responding (Appendix A) with the instructions, "Imagine that these statements have been said to you. Write your best response to them. When you have completed the task, please return to the office for the next stage of your participation."

After having completed the writing task, subjects were taken to another room containing a videotape player and monitor for the videotape treatment to which they had been randomly assigned. Subjects were given typewritten instructions which they were asked to peruse before turning the videotape machine to the "on" position. Copies of the concomitant printed previewing instructions for the four groups are found with the appropriate verbatim in Appendices B, C, D, and E. The subjects were also given instructions regarding turning the videotape player on and off as well as instruction for adjustment of the volume level.

After having read the printed materials they were to turn the player on, view the training tape, return the machine to the "stop" position, and then return to the office where they met the role-playing "client" to whom they also had been randomly assigned. They then went to yet another room where the subjects acted as "counselors" to the role-playing "client" in an interview lasting approximately ten minutes. Interviews were audiotaped. After the role-playing, the "counselors" were given feedback by the "clients" regarding demonstration of counseling skills used by the subjects in the interview setting.

Role-Playing Clients

The role-playing "clients" were four doctoral students in the counseling psychology program of the Department of Educational Psychology and Guidance. The four assistants, three of whom had previously participated as role players in the research by Hector et al. (Note 1), were trained to present the "problem" with consistency. Each had a copy of written instructions (Appendix G) which contained items that would lend themselves to a uniform presentation of the problem. The two female and two male role-players practiced the role among themselves, alternating the role of "client" and "counselor" in order to thoroughly familiarize themselves with the situation as well as to learn to anticipate various responses that might be uttered by the subjects in the interview setting.

The Role

The client began as if this were a followup session and accused the counselor of having given bad advice in their "last session" concerning appropriate behavior in dealing with a professor who had kicked the "client" out of a graduate class because the "client" was an undergraduate. The classroom experience with the professor had been a very humiliating one for the student who, unable to handle negative feelings toward the professor, had sought help from the counselor. The client claimed that the counselor had encouraged the client to talk it out with the professor in between counseling sessions. The client had done so and in the process had experienced similar humiliation and was more

devastated. Having done as the counselor suggested, the client returned for the session extremely hostile toward the counselor. The client made hostile accusations regarding the competence of the counselor who was now being blamed for the present circumstances. The subject "counselor" and the role-playing client interacted in this situation for approximately ten minutes. "Clients" were instructed not to use words expressing their feelings unless the counselor first used the word(s). This was to prevent the client's inadvertently influencing the subject counselor's responses.

Analysis of Data

A modified Index of Responding (Gazda et al., 1973) was used as a means of determining the level of subjects' pretreatment empathic responding skills. Each of the eight responses of each subject was independently rated by two counselor educators using the Global Empathy Scale (Gazda et al., 1973). Each subject was then given a mean global empathy rating by each rater. The mean of those ratings was designated as the level of pretreatment empathic responding skills.

The Dependent Variable

The dependent variable was the "on ratio" of Hector et al. (Note 1). Using specific criteria (Appendix H), four additional doctoral students in counseling psychology and counselor education were trained both to evaluate counselor responses and to make the dichotomous decision as to whether a response was either "on" (i.e., using approach measures while attending to affect) or "off" (i.e., using avoidance measures while

attending to cognitions but not affect). To obtain an "on ratio" the number of "on" responses was divided by the total number of responses. The raters were pretrained until they consistently reached a 92-96% agreement level. Each rater, evaluating sixteen subjects' responses, independently rated the responses of the subjects whose tapes had been randomly assigned to them. Therefore, each tape was rated by two raters. The mean of these two ratings was designated as the "on ratio" for that subject.

The special rating sheet (Appendix I) was facilitative for easy computation of "on" statements and also had a "built-in" means of determining the total number of responses, both essential elements of the final "on ratio."

It was decided prior to rating that if either the total number of "on" statements or the total number of responses between the two raters of any tape should be discrepant by more than two, the raters would be asked to rate the tape again. Should the discrepancy still exist after the second rating, an expert rater was asked to rate the tape. The expert rater was one of the counselor educators from the Hector et al. (Note 1) study. The rating that most closely corresponded to that of the expert was retained for analysis.

The data were analyzed using a 2×2 factorial analysis of covariance. Whether the subject received the verbal practice or the modeling/didactic condition was the treatment factor. The focus factor indicated whether the affect of the treatment condition was other-directed or counselor-directed.

CHAPTER IV

RESULTS

Original group data are found in Appendix J. A pre-analysis test for the homogeneity of regression slopes yielded no significant difference between groups on the covariate ($F = 1.161$). As the analysis of covariance summary table (Table 1) indicates neither the treatment nor the focus main effect was significant, nor was there any significant interaction between effects.

Table 1
Analysis of Covariance Table for Differences between
Treatment Groups' On Ratios

Source	Adjusted SS	df	Adjusted MS	F
Treatment	0.118	1	0.118	3.806
Focus	0.004	1	0.004	<1
Treatment \times Focus	0.003	1	0.003	<1
Error	0.841	27	0.031	
Total	0.966	30		

Table 2 shows both the obtained "on ratio" means with their adjusted mean "on ratios" and standard deviations for the treatment conditions in the study. Table 3 reports the correlations between the various raters. The covariate raters were counselor educators. The raters of the dependent variable (i.e., on ratio) were counseling psychology doctoral students. The initial correlations between

dependent variable raters were derived from data where individual subject ratios had obvious discrepancies. Following the procedure described in Chapter III, page 26, adjusted correlations were calculated from the data where a counselor educator "referee's" ratings were substituted.

Table 2
Means and Standard Deviations of Covariates and
Adjusted On Ratios

Group	N	Covariate		Obtained Ratio	Adjusted Ratio	
		M	SD	M	M	SD
VP-OD (1)	8	2.285	0.524	0.647	0.658	0.160
VP-CD (2)	8	2.477	0.435	0.635	0.616	0.143
M/D-OD (3)	8	2.355	0.519	0.517	0.517	0.150
M/D-CD (4)	8	2.308	0.541	0.506	0.498	0.247

Groups 1 and 2: verbal practice, other-directed and counselor-directed, respectively.

Groups 3 and 4: modeling/didactic, other-directed and counselor-directed, respectively.

Table 3
Interrater Reliability Coefficients for Covariate
and Obtained Dependent Variable

Variable Rated	<u>r</u>
Covariate	.92
Dependent Variable	
Pair #1	.75 (obtained)
Pair #2	.98 (adjusted)*
	.93 (obtained)
	.97 (adjusted)*

*Data providing these correlations used in the analysis summarized in Table 1.

CHAPTER V

DISCUSSION

The present study was designed to determine whether the verbal practice other-directed, the verbal practice counselor-directed, the modeling/didactic other-directed, or the modeling/didactic counselor-directed treatment was most effective in teaching counselor trainees how to respond consistently to a client's counselor-directed negative affect (i.e., hostility). Certain hypotheses were formulated as a result of the design and the following findings, with respect to each of these, resulted.

Hypothesis 1. Both verbal practice models will be more facilitative in teaching counselor trainees to respond consistently to a client's counselor-directed hostility than will the other models.

As the results in Table 1 (p. 27) indicate neither main effect was significant. However, the "on ratio" for each of the verbal practice treatment conditions was higher than the ratio for either of the modeling/didactic conditions. While the difference was nonsignificant the ratios for the verbal practice conditions did approach significance, tabled F value = 4.21. The mean of the means in the verbal practice models in this study was approximately 0.13 higher than the mean of the means for the modeling/didactic models, though somewhat lower (0.06) than the mean reported for similar treatment in the Hector et al. (Note 1) study. The mean of the means of the verbal practice models was obtained by adding the adjusted means of Groups 1 and 2 (Table 2, p. 28). and

dividing by two: $0.647 + 0.635 \div 2 = 0.641$. The mean of the means of the modeling/didactic groups was obtained by adding the adjusted means of Groups 3 and 4 (Table 2, p. 28) and dividing by two: $0.517 + 0.506 \div 2 = 0.512$.

While hostility was also one of the subjects' role-play situations in the Hector et al. (Note 1) study, the focus of that anger was other-directed. The focus of the anger in this study was counselor-directed and included a direct challenge to the competence of the "therapist," a situation that can be a most threatening experience. Since the subjects in this study are members of both a culture and a subculture (the university setting) that emphasizes competence and achievement, they may have been hypersensitive to any intimation that they were not performing as well as they could. Denying this type of complaint, or responding in other defensive ways, may help to preserve the person's self-image as a competent individual (Hare-Mustin et al., 1979). Therefore, the focus of the hostility in the simulated interview in this study may have been so devastating as to effect a regression toward lower level skills of empathic responding than reported in the Hector et al. (Note 1) study. The foregoing discussion may also be applicable to the second hypothesis which shall now be discussed.

Hypothesis 2. The learning with the verbal practice technique with other-directed negative affect will transfer to situations with counselor-directed negative affect and will facilitate responding.

Results indicate that the "on ratio" for the verbal practice technique, which demonstrated consistent responding to negative affect

in its role-play situations in the Hector et al. (Note 1) study, was the highest ratio in the four experimental groups, yet was somewhat lower than that reported in that former study. Since the videotape treatment conditions with other-directed negative affect in this study were the same ones used in the earlier study, intuitively they could have been expected to yield nearly identical results as a replication. However, the important difference appears to have been the focus of the negative affect in the posttreatment role-play counseling interview situation.

While no statistics confirm that this was significantly better than any of the other methods of treatment, its relatively high ratio could be interpreted as tending to transfer to a more threatening aspect of client hostility, i.e., counselor-directed focus. Whereas treatment may have been effective, the overwhelming nature of the client's attack on the counselor's competence may have contributed to regression in level of empathic responding.

In addition, since in many instances, participation in this study may have been the very first time the subject was ever placed in a "counseling" situation, it is surmised that anxiety level may have been an influential factor in their consistency of responding. Perhaps if the role-play situation had been different to the extent that the interview were of longer duration and that the anger toward the counselor developed at the midpoint, initial anxiety could have been somewhat abated and the "counselor" could have been more at ease. Then only the portion of tape, from the introduction of the hostility to the end of the role play, would have been rated for consistency of

responding. This was the approach of Guttman and Haase (1972) who rated their subjects on empathic responding by taking two five-minute portions of two tapes for evaluation. These segments were selected from the subjects' videotapes from the time period of the interviews that followed the first twenty minutes of counselor-directed interaction.

Results would tend to indicate that counselor trainees might need some additional preparation for the likelihood of having confrontation with a client's counselor-directed hostility. As Hare-Mustin et al. (1979) state, supervisors have a significant responsibility to discuss with their trainees how they have handled criticisms.

Hypothesis 3. There will be no statistical difference between the two verbal practice models, indicating that special training for counselor trainees in handling situations where there is counselor-directed negative affect will not be necessitated.

The results of the study showed no statistically significant differences between treatment methods. However, while there was no difference indicated between the two levels of the verbal practice treatment as predicted, the counselor-directed mean ratio was lower than the other-directed mean ratio. The same was true of the modeling/didactic levels. In an effort to arrive at some understanding or possible explanation, perhaps the counselor-directed focus of these two treatments bears further examination and thought.

The modeled role-play situations, on both the verbal practice and the modeling/didactic training tapes, attempted to demonstrate counselors' consistent responding to counselor-directed negative affect.

The modeling/didactic tape lecture section also included information regarding the possibility of negative affect's being directed at the counselor and suggested appropriate responses to such affect. The training tapes may have provided a cue to the subjects that counselor-directed negative affect would be part of their experience in the role-play interview situation that was to follow the treatment phase. This could have generated additional anxiety to compound that which they already had been experiencing simply because they knew they were part of an experiment.

Hypothesis 4. There will be significant implications for counselor educators in the future for teaching empathic responding in those theoretical orientations where such responding is deemed sufficiently important to be an integral part of the counseling process.

It has been suggested (Bandura et al., 1960) that some therapists may have high hostility anxiety or a high need for approval, or both. Such therapists tend not to be as approach-oriented when confronted with client hostility. Perhaps trainees, at the outset of their training experience, may manifest that need for approval more than they would at a later time after having gained some experience and additional training that both helps build self-confidence and also aids in gaining skills to handle a large variety of counselor-client situations.

However, if anxiety over the first interview were an influential factor, perhaps the use of relaxation training and/or systematic desensitization techniques could be utilized in the prepracticum training to assist in the lowering of anxiety levels for trainees about

to enter the practicum experience with its inevitable first interview. Monke (1971) used this approach with success.

Training was offered in this study in an effort to teach consistent empathic responding. Total time of involvement by the subjects averaged approximately one hour, a maximum of twenty minutes of which was devoted to training. While research has demonstrated that some skills can be taught in a very brief time (Ford, 1979), others take time and practice. As Pruden (1977) states, empathy is a "within" experience that may not be as easily grasped or understood by the trainee in the role-play experience, perhaps more time should be devoted to the teaching, modeling, and rehearsal of empathic responding. Stone and Stein (1978) have concluded that while modeling appears to facilitate acquisition of knowledge it only makes a significant contribution to performance under a lengthened exposure time.

In essence learning consistent empathic responding is similar to learning any other skill—it takes time. This study suggests that both the verbal practice technique and the modeling/didactic method of training are effective as means of teaching empathic skills.

Suggestions for Further Research

This study sought to investigate further the effectiveness of the verbal practice technique as compared to the modeling/didactic method of teaching responding skills to counselor trainees. Perhaps limitations in the design could be corrected in future research.

The time of exposure to treatments might be increased or multiple exposures to the treatments could be incorporated into future research. The multiple exposures could be considered as increased time of exposure. If the suggestion of Stone and Stein (1978) be true that modeling only makes a significant contribution to performance with a lengthened exposure time, the increased time and/or multiple exposure addition may help substantiate the real difference in effectiveness of the verbal practice and modeling/didactic techniques.

The simulated interview dealing with counselor-imposed values may have had an adverse effect on the trainees. If the subjects had received previous training elsewhere that had stressed the importance of a counselor's not being judgmental or not seeking to impose values on clients, the role-played interview in the counselor-directed verbal practice treatment may have had some undesirable effect on empathic responding in the post-treatment simulated interview.

Hostile behavior of a client may increase a counselor's anxiety and inhibit performance as a facilitative therapist. Some counselors may possess an anxiety trait to such an extent that a hostile client may render them almost totally nonfunctional. An unobtrusive measure of this anxiety level of subjects could be used as another covariate that would aid in equalizing the treatment troupes on this variable. Adjustment of the dependent variable for both an anxiety measure and entry level responding skills might give a more accurate evaluation of performance.

If a sex-of-subject and/or sex-of-client factor were incorporated into the design, perhaps questions regarding the effects of socialization

on counselor skills could be answered. It may be that one sex is more capable of consistent empathic responding to a hostile client. Counselors and clients of the same sex might demonstrate more facilitative interaction in a situation of counselor-directed hostility.

More specific forms of feedback could be incorporated into the treatments. The verbal practice technique assumes that the mental comparisons of subjects' and the videotape model's responses are made by the subjects. The assumption may not be valid. Specific means of being more certain that at least some comparisons are made may increase the value of the feedback component.

There seems to be the possibility that counselor-directed hostility will cause the subject to respond at a lower skill level. Perhaps trainees need direct exposure to a videotape model's experiencing a client's hostility in order to deal more effectively with this particular affect in its counselor focus.

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Note 1

Hector, M. A., Davis, K. L., Denton, E. A., Hayes, T. W., Crowder, C. P., & Hinkle, W. K. Using active practice and modeling to teach counselor trainees how to respond consistently to negative affect.

APPENDICES

APPENDIX A

INDEX OF RESPONDING

SITUATION I—(Comments of student to chemistry teacher)

I spent all weekend working on my chemistry equations and you know, I really understand them now. When I left school Friday I was thinking I never would learn them, but the work I did over the weekend really paid off! It's just like the difference between night and day.

Write what you would say:

SITUATION II—(Black student to white teacher after school)

Why do you always say those nasty things to me in class? You don't do that to the other kids. I used to think you weren't biased, but now I think you treat me that way because I'm black.

Write what you would say:

SITUATION III—(Student to teacher)

I sure do like it since we moved to this town! It's really different. I have met so many nice people and I go to parties now. This place is ten times better than the last town where we lived!

Write what you would say:

SITUATION IV—(Twelfth-grade student to teacher)

You're the best teacher I've ever had. I wish everybody could be in your class! You were the only teacher who didn't make me think I was in terrible trouble if I didn't get everything perfect.

Write what you would say:

SITUATION V—(Parent to teacher)

I don't understand it. My son had always gotten good marks until he came to your class. He spends as much time studying as he always did. I wonder what is going wrong in your class?

Write what you would say:

SITUATION VI—(Teacher to counselor)

I think one of my students is using some type of drug. He sleeps through classes and really acts "doped up." I don't know whether to talk to him or the principal or his parents. I really wish I knew how to handle this.

Write what you would say:

SITUATION VII—(Comments of one teacher to another in teachers' lounge)

Doggone it! That Bill Pack lets his students run wild in his class, then they come into my class thinking they can do the same thing!

Write what you would say:

SITUATION VIII—(Student to teacher)

Come on, leave me alone! I don't want to study history. It has no meaning to me. It's hard and I can't see how it's every going to help me earn a living.

Write what you would say:

,

APPENDIX B

VERBAL PRACTICE OTHER-DIRECTED

VERBATIM

Narrator: (voice-over)

Please observe the following interview between a counselor and a client. The client will be presenting a problem and the counselor will be responding to the feelings the client is having about the problem. Note that the counselor will be consistently responding to the feelings. The counselor will respond to the feelings by using words that specifically identify what the client is feeling. Also note that the counselor will not attempt to change the subject, gather more data, or solve the client's problem.

The main purpose of showing you this tape is to help you learn how to respond consistently to the client feelings. Specifically, we want to help you learn how to respond consistently to negative client feelings, such as fear, guilt, loneliness, and frustration. As a means of showing you how to respond consistently to such feelings there will be pauses in the interviews you will be observing. The client will begin and present some of the problem to the counselor. Before the counselor responds to the client there will be a pause for you to think what you would say to the client if you were the counselor. After the pause, you will hear what the counselor actually said in the interview. The counselor response will give you a chance to compare your response to the response of the counselor. As you listen to the client speak in each portion of the interview, attempt to identify in your mind what

the client is feeling. For each response that you are asked to say to yourself, or to say out loud, respond specifically to the feelings of the client. The counselor that you will observe will always attempt to respond in this manner.

INTERVIEW #1

Client: Well, it's tomorrow. I've got a job interview coming up for this teaching position and it's really got me going around in circles. I've had some interviews before, I guess around four or five, for a teaching position. I teach math and it's really hard to get a position right now. And all of these interviews, they've just kinda bombed out; they don't go well. I go into the interviews and they ask me these questions and I get all kind of tied up and I . . . it's really difficult . . . uh . . . I just don't know what to do in these interviews and how to come across.

Narrator: What is the client feeling? Form a response to this client regarding the feeling. Say the response to yourself. Listen to what the counselor responds with.
(Pause)

Counselor: You're really afraid of this upcoming interview.

Client: It's just got me going and ever since they made the appointment, I've been thinking about it and thinking about it for about three days now and I just don't know where to go with it. I just can see myself in that

interview and the questions coming and you try to give the right answer but I've just had such bad experiences with it. Then the interview is over and I leave and in all the previous ones, I haven't heard a thing. They just don't call back or anything. It's just bad.

Narrator: What would you say to the client in response to the feelings? Say it to yourself. (Pause)

Counselor: This interview has you real scared.

Client: Yeah. I guess I get into the interviews and I get so scared that I get shaky and I think they can even see me shaking. And I just get so tense inside and my words don't come out right, I hesitate, I say stupid things, and I just can't control the shaking once it starts.

Narrator: Say to yourself a response that acknowledges the client's feelings. (Pause)

Counselor: You're so uptight about this interview that you can't even stop shaking.

Client: I feel like I'm really nervous right now just thinking about going into this, into this thing and this interview is just going to be like all the others, a . . . just one more bomb out. There's so much competition if I don't make it in this one. There aren't really many more positions left; it's getting late. This is gonna bomb out. Everything is just falling apart and I can't do anything about it.

Narrator: For this response, say out loud what you would say in response to the feeling of the client. Say it just as you would if you were the counselor in the interview.
(Pause)

Counselor: You're afraid that everything will fall apart if you fail in this upcoming interview.

Client: The way I feel right now, I don't see that I have a chance. It's just gone from bad to worse. I thought at the beginning when I first started on these that I could do a good job. I've made good grades in my program. I thought I could do a real good job. I felt real confident. But then I got into the first interview, then the second, and something happened. I just got, you know, I . . . all of a sudden I was realizing that this was it. I had to . . . uh . . . I couldn't.

Narrator: Say out loud what your response would be. (Pause)

Counselor: It's a feeling of panic right now.

Client: Yeah.

Narrator: Here is another interview. In each case where the counselor would normally respond there will be a pause and I will cue to practice out loud what you would say. Remember, the whole focus of this exercise is to help you learn to consistently respond to the client feelings. You may feel it would be appropriate for the counselor to discuss other information such as who is involved in

the problem or how to solve the problem. Resist the temptation and respond only to what the client is feeling.

INTERVIEW #2

Client: I don't know how to make friends. My roommate seems to be very popular and I don't know, she's always going out and, you know, this is my fifth week here at the university and, I don't know, maybe I should have stayed home and not come to such a large school. I don't really have anybody to talk to. All of my other friends went to the junior college in the community and I'm up here all alone. And, I don't know, I spend so much time sitting in the dorm studying.

Narrator: What is the client feeling? Say out loud a response to this feeling. (Pause)

Counselor: You're feeling lonely at the university here.

Client: Yes, I am. I just don't know anybody. I spend most of my time studying and the reason I spend the time studying . . . I go over things over and over and the reason being that I don't have anything else to do. I'd really like to be doing what my roommate is doing. She's always out and she comes in and after a date or after a party or something, she'll come in and talk to me about the good time she's had and I've been either studying or in the

lobby watching T.V. I don't know, I've tried to make friends. I've tried to talk to people on the elevator. But they don't seem to respond. I've tried smiling and, I don't know, it's like they don't want to respond to me. It makes me feel uncomfortable and sort of not really right when I see everyone else talking and having fun and I try to do something to start a conversation or something and, I don't know, it just doesn't feel right.

Narrator: Respond out loud to the client feelings. (Pause)

Counselor: It's embarrassing for you when you're trying to make friends.

Client: It really is. I was really embarrassed the other day. My roommate had an invitation to one of the fraternity rush parties and she asked me to go with her. So I went and here was this group of fraternity boys, and girls in the sororities, I think. You know, they had pins and stuff. They all seemed to know one another. They were talking and drinking and having a good time and lots of fun and I tried to go up, you know, we were supposed to sort of rush the guys that were going to join the fraternity and I went up to a couple and they just sort of looked at me and walked away. They just sort of said, "Hello." I tried to say, "Where are you from?" or something and, I don't know. I wash my face

and, I don't know, they just sort of walked away and turned their backs on me.

Narrator: What might a counselor respond with? (Pause)

Counselor: It really hurt being rejected by the group.

Client: Yeah. It's just . . . I don't know. I spend all my time not doing things that everybody else is doing. I know I don't have a chance for a sorority or any type of group. I talk to the girls in the dorm and stuff, but I don't know. It just isn't enough. I try and go home and I think that's one of my things; my parents don't really want me home. Well, they keep . . . they want me home but they keep saying, "You need to stick it out; you need to be up there; you need to make friends." They just don't understand what it's like watching T.V. and studying, reading, and all that stuff.

Narrator: What would you say? (Pause)

Counselor: You're feeling very much alone and cut off right now.

Client: I feel cut off from everybody. I know my parents want the best for me and I've tried. I've really tried to make friends. I've talked to them in elevators; I went to that fraternity rush thing. I don't know. I just don't know how to do it. I didn't have this much trouble in high school. Maybe part of it was that everybody knew me because I was from the home town and we knew each other from the first grade. But, I

don't know. I just don't have anything to talk to these people about. I'm in nuclear physics. They aren't in the same thing. They don't relate to that. They're more into sociology or education or English, or something like that . . . you know, we just don't talk the same language. I don't know. I don't know how to make friends.

Narrator: Go ahead. (Pause)

Counselor: You feel out of place when you're trying to be friendly with the others.

Client: I don't know how. I really do . . . feel out of place.

Narrator: Most likely your responses were not the same as the counselor's. That is not important. The important point is that you have learned how to stay consistently with the feelings of the client. Remember, that you stay with those feelings most effectively when you use specific feeling words such as lonely, embarrassed, afraid, guilty, and so on.

This is the end of the exercise.

VERBAL PRACTICE OTHER-DIRECTED

PRE-VIEWING INSTRUCTIONS

Please read the following material before turning on the tape recorder. The reading is intended to focus your attention on the material covered in the tape recording. After you view the tape recording you will counsel a role-playing client in an interview lasting about ten minutes. Attempt to incorporate what you learn from the readings and the tape recording into your counseling. Your counseling session with the role-playing client will be audiotaped. Please let the client begin and end the interview. After the interview is over you will have a chance to receive some feedback from the role player.

Please tell no one else about your experience in this project.

The videotape you will see begins with a short lecture on some aspect of the counseling process. After the lecture, you will see short segments of two different role-played counseling interviews. Before each counselor response in these interviews, you will hear the narrator give you instructions. After you have had a chance to practice a counselor response you will hear what the counselor on the tape said.

Read the outline through before turning on the tape recorder. After you have finished reading, turn on the tape recorder. When the tape is over please turn the recorder off.

Outline of the Tape Presentation

Please observe the following interviews between a counselor and a client. The client will be presenting a problem and the counselor will be responding to the feelings that the client is having about the problem. Note that the counselor will be consistently responding to the feelings of the client. The counselor will be responding to the feelings by using words that specifically identify what the client is feeling. Also note that the counselor will not attempt to change the subject, gather more data, or solve the client's problem.

The main purpose of showing you this tape is to help you to learn how to consistently respond to client feelings. Specifically, we want to help you learn how to respond consistently to negative client feelings such as fear, guilt, loneliness, and frustration.

As you listen to the client speak at each portion of the interviews, attempt to identify in your mind what the client is feeling. For each response that you are asked to say to yourself or to say out loud, respond specifically to the feelings of the client.

INTERVIEW #1

Client: Tells of his concerns regarding a coming job interview.

Pause:

Counselor: Responds to the client's feelings.

Client: Talks about shaking during previous interviews.

Pause:

Counselor: Responds to the client's feelings.

Client: Relates the poor job market and the need to do well in the upcoming interview.

Pause:

Counselor: Responds to these feelings.

Client: Further relates past interview performance.

Pause:

Counselor: Responds to these feelings.

INTERVIEW #2

Client: Talks about inability to make friends in first five weeks of college.

Pause:

Counselor: Responds to the client's feelings.

Client: Relates unsuccessful efforts to make friends and compares her situation with her roommate's.

Pause:

Counselor: Responds to the feelings.

Client: Tells an incident at a fraternity party she attended with her roommate.

Pause:

Counselor: Responds to feelings.

Client: Relates further feelings concerning lack of friends.

Pause:

Counselor: Responds.

Client: Compares this situation with high school.

Pause:

Counselor: Responds.

APPENDIX C

VERBAL PRACTICE COUNSELOR-DIRECTED

VERBATIM

Narrator: (voice-over)

Please observe the following interview between a counselor and a client. The client will be presenting a problem and the counselor will be responding to the feelings the client is having about the problem. Note that the counselor will be consistently responding to the feelings. The counselor will respond to the feelings by using words that specifically identify what the client is feeling. Also note that the counselor will not attempt to change the subject, gather more data, or solve the client's problem.

The main purpose of showing you this tape is to help you learn how to respond consistently to the client feelings. Specifically, we want to help you learn how to respond consistently to negative client feelings, such as fear, guilt, loneliness, and frustration. As a means of showing you how to respond consistently to such feelings there will be pauses in the interviews you will be observing. The client will begin and present some of the problems to the counselor. Before the counselor responds to the client there will be a pause for you to think what you would say to the client if you were the counselor. After the pause, then you will hear what the counselor actually said in the interview. The counselor response will give you a chance to compare your response to the response of the counselor. As you listen to the client speak in each portion of the interview, attempt to identify in your mind what

the client is feeling. For each response that you are asked to say to yourself, or to say out loud, respond specifically to the feelings of the client. The counselor that you will observe will always attempt to respond in this manner.

INTERVIEW #1

Client: (In halted, anxious manner) Seems like every time I come in here I just get to the point of not being able to think straight. Here I am all mixed up about this problem of selecting my major and I talk with you and you're so calm and you ask me questions that make me think of situations where it's very difficult for me to talk and when I do start talking, I get confused and words don't come out the way I want them to and I get so . . . uh . . . so . . .

Narrator: What is the client feeling? Form a response to this client with regard to the feeling. Say the response to yourself. Listen to what the counselor responds with.

Counselor: I really make you nervous when we talk.

Client: Yeah, you sure do! And I don't know if the questions are the only reason. Sometimes when we're talking and I'm really having some difficulty saying what I'm thinking, I'll finally just stop, hoping you'll say something that will help me continue. But there are lots of times when I do stop that you just sit there

and look at me and don't say a thing! And then I really do get shook up.

Narrator: What would you say to the client in response to the feelings? Say it to yourself. (Pause)

Counselor: So you also feel very anxious when I don't speak and there is silence between us. What else do I do that makes you uptight?

Client: Well, there are those times when I have asked a question and when the answer doesn't come like I think it should I reach a point where I don't know what to do and I get more nervous than ever. And all the time you're so relaxed! But when I'm struggling with what I'm saying, that calmness makes me anything but calm. I guess I'm wanting you to make my decision for me and I know you can't do that because it's my responsibility. But the way you answer me sometimes sure doesn't help and I get even more uptight.

Narrator: Say to yourself a response that acknowledges the client's feelings. (Pause)

Counselor: So the tension you experience increases when you are disappointed in a response I make.

Client: Uh-huh. And when I'm in between sessions and thinking about what's gone on while I was here last time, I think about all the things I could have said and wish I had said, but didn't, and I begin planning what I'm going to say the next time. And when I do, I begin

wondering what you'll say or what you'll do when I tell you those things and I begin to tremble just visualizing the session that hasn't even taken place.

Narrator: For this response say out loud what you would say in response to the feelings of the client. Say it just the way you would if you were the counselor in the interview.
(Pause)

Counselor: It's important for you to have your thoughts clear and in logical order but I make you so uneasy that it's difficult for you to think straight, even at home.

Client: Yes. For instance, I ride in a car pool every day and this morning I was trying to tell this woman in my car pool about what's going on. And she is just like you are, so cool and collected. And I got all flustered and so mixed up when I try to have conversation with her about something that interests me. Why do you all affect me this way?

Narrator: Say out loud what your response would be. (Pause)

Counselor: So there are similarities between me and the woman in the car pool that make you nervous. Who else affects you that way?

Client: I don't have this problem with other males so it must be my relationship with those of the other sex. I'd like to discuss this more because it seems just as important now as selecting a major.

INTERVIEW #2

Client: . . . And that's the very thing I'm talking about. I don't know if you're aware of it or not but saying things like that really makes these sessions very difficult for me. I think that in the time we've been meeting together I've learned something about your values and the expectations you have for me to live up to them. And while I might agree with some of your ideas and try to live that way, the times I fail to do so, I immediately wonder how you're going to react—the way you did just now or in a more understanding way.

Narrator: What is the client feeling? Say out loud a response to this feeling. (Pause)

Counselor: I make you feel guilty by the way I respond at times.

Client: Yes, and then sometimes, the way you look at me after I've told you about my behavior since the last time we were together, I'm reminded of looks I got from my parents when I was a child and behaved in a way that wasn't pleasing to them. I can just almost see them sitting in your chair, shaking their heads, and with a glare that says, "You're doing it again!"

Narrator: Respond out loud to the client feelings. (Pause)

Counselor: You feel blamed and accused by me the way you used to with your mother and father.

Client: That's right. And I find myself responding to you the way I did to them . . . like . . . well, like dropping my head and then just looking up from lowered eyes. Just like a little kid caught in the cookie jar! I don't like that way of responding to you but I just don't seem able to do it any other way when I think your attitude indicates you're pointing your finger at me.

Narrator: What might a counselor respond with? (Pause)

Counselor: You're experiencing the same feeling of shame you felt when you were a child.

Client: Yeah, I guess that's it. And then while I'm looking up at you I guess I'm realizing that this is one of the things I'm really trying to change—the behavior of responding to authority figures like a child. But when I'm in certain situations I go back to that old behavior and it really gets to me.

Narrator: What would you say? (Pause)

Counselor: So that while you have felt guilt at not living up to my expectations, you're also guilty because you're not living up to the expectations you have for yourself.

Client: (Pause) Hey, I think that's really what it is. I know I can behave more in line with what I expect of myself. When I don't, I make it look like someone else is expecting more of me than I am capable of giving. I'm sure you don't really mean it but that's just the way I feel.

Narrator: Go ahead. (Pause)

Counselor: Because you're not living up to your expectations of yourself, you're thinking I have a negative opinion of you and you're afraid our relationship will be damaged.

Client: That's it exactly.

Narrator: Most likely your responses were not the same as the counselor's. That is not important. The important point is that you have learned how to stay consistently with the feelings of the client. Remember, that you stay with those feelings most effectively when you use specific feeling words such as lonely, embarrassed, afraid, guilty, and so on.

This is the end of the exercise.

VERBAL PRACTICE COUNSELOR-DIRECTED
PRE-VIEWING INSTRUCTIONS

Please read the following material before turning on the tape recorder. The reading is intended to focus your attention on the material covered in the tape recording. After you view the tape recording you will counsel a role-playing client in an interview lasting about ten minutes. Attempt to incorporate what you learn from the readings and the tape recording into your counseling. Your counseling session with the role-playing client will be audiotaped. Please let the client begin and end the interview. After the interview is over you will have a chance to receive some feedback from the role player.

Please tell no one else about your experience in this project.

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Read the outline through before turning on the tape recorder. After you have finished reading, turn on the tape recorder. When the tape is over please turn the recorder off.

Outline of the Tape Presentation

Please observe the following interviews between a counselor and a client. The client will be presenting a problem that has arisen due to the interaction of the counselor and the client and the counselor will be responding to the feelings that the client is having about the problem. Note that the counselor will consistently be responding to the feelings of the client. The counselor will be responding to the feelings by using words that specifically identify what the client is feeling. Also note that the counselor will not attempt to change the subject, gather more data, or solve the client's problem.

The main purpose of showing you this tape is to help you to learn how to consistently respond to client feelings. Specifically, we want to help you learn how to respond consistently to negative client feelings such as fear, guilt, loneliness, and frustration.

As you listen to the client speak at each portion of the interviews, attempt to identify in your mind what the client is feeling. For each response that you are asked to say to yourself or to say out loud, respond specifically to the feelings of the client.

INTERVIEW #1

Client: Tells of concerns regarding the counseling session interaction.

Pause:

Counselor: Responds to the client's feelings.

Client: Expresses concern about counselor's behavior.

Pause:

Counselor: Responds to the client's feelings.

Client: Relates additional information regarding past counseling sessions.

Pause:

Counselor: Responds to these feelings.

Client: Tells how session interactions affect life between sessions.

Pause:

Counselor: Responds to these feelings.

INTERVIEW #2

Client: Talks about the way the counselor has just responded.

Pause:

Counselor: Responds to client's feelings.

Client: Relates something of the effect the counselor's nonverbal behavior has on the client.

Pause:

Counselor: Responds to the feelings.

Client: Tells how the counselor's attitude affects the responses of the client.

Pause:

Counselor: Responds to feelings.

Client: Relates further feelings about behavior in the presence of the counselor.

Pause:

Counselor: Responds.

Client: Tells something of reaction to counselor's perceptions.

Pause:

Counselor: Responds.

APPENDIX D

MODELING/DIDACTIC OTHER-DIRECTED

VERBATIM

How can counselors develop effective relationships with the clients they're working with? One way of dealing with this question is to consider that client statements can be analyzed from two different aspects. A counselor can consider the content of what the client is saying or can consider the affect of what the client is saying. The content deals with the facts of the situation as presented by the client. The affect deals with the feelings of the client. On the one hand, we have the facts of the situation, on the other, we have the feelings that the client is having. Now, the counselor can respond to either the affect or the content or can respond to both.

Sample counselor responses to the content would be:

Who is the teacher?

What did you get on the last test?

What grade are you in?

All of these counselor questions would be responding to or asking about the content of the client's situation.

Sample counselor responses dealing with the affect would be:

You're feeling frightened right now.

You're feeling very anxious.

Right now it's a very lonely feeling.

These responses deal with the affect, or the feelings, that the client is having. The feelings in the three examples were being frightened,

being anxious, being lonely. The important point that I'd like to make is that in developing effective relationships, many counselors feel that it is important to respond mainly to the affect, at least initially, in the interview.

In many situations the affect, or the feelings that the client is having about the problem, is negative. There are negative feelings such as worthlessness, being lonesome, insensitivity, being scared, panicked. These could all be considered negative feelings. When responding to client affect it is important that the counselor use words that specifically label the client feelings. The counselor should, therefore, use responses like, "You're feeling lonely right now," or "It's scary to think about the test." In the first sentence, emphasis was on loneliness; in the second response, the emphasis was on scary.

Most feeling states have several words associated with them. For example, the counselor could probably use frightened, scared, panicked for one particular feeling. If the client is feeling frightened, the counselor can respond to the client fear by using "frightened" and one minute later use "panicked" and still be on the right course as far as the client is concerned. So I'm trying to encourage the idea that when you respond to negative affect you use different feeling words but still stay on the negative feeling that the client is having. Many beginning counselors will initially attempt to identify the negative feeling but then they will shift away from it. It is important that once the negative feeling is identified you stay with that feeling to talk about it, let the client think about it, and let the client

have that feeling. Other beginning counselors will avoid the negative feeling altogether and go directly to the content, or a very common direction that beginning counselors take is that they go directly toward trying to solve the problem. They don't respond to the anxiousness or the fear the client is having. They immediately try to solve the problem; suggest some things the client can do to alleviate the feeling. Some say that this is only a natural tendency for those counselors to get away from these negative feelings and to move toward more neutral ground or safer ground. The counselor may be fearing where the interview will go if the counselor responded to the panic, the fear, or the lonesomeness.

Once the negative feeling has been identified there are several approaches for the counselor to use with that negative feeling. You can investigate the intensity of the feeling, the duration of the feeling, the precipitating situations regarding the feeling. The physical aspects of the feeling is another dimension, or possibly the involvement of others. The central point of what I'm trying to get at here is that the counselor should identify the negative feeling and then stay with that negative feeling, stay right with it, keep responding to it, keep identifying it and letting the client explore that negative feeling further. The tendency might be to get away to safer material, try to solve the problem or in some way try to get away from that negative feeling, and the counselor at this point should try to avoid this movement. Stay with that negative feeling.

What you're going to see now, following, is a role-played interview between a counselor and a client. Notice how the counselor stays with the negative feeling, keeps responding to it, keeps identifying it and lets the client keep considering that negative feeling. Note the counselor responses in this interview.

Co: Mark would you continue what what you were talking about . . .

Cl: Well, as I just said, I just graduated. I just got my teaching certificate. I can teach math, supposedly. I've had my student teaching and got good marks in that. I've been unemployed for I, I don't know, two or three months. It's a matter of job interviews. I don't know how many job interviews I've had with school districts and what not. I haven't got a job and on all these job interviews I just know it's because I blow every interview I go into. It's got me climbing the wall . . . I've got an interview tomorrow.

Co: So you're really scared that this interview is going to sort of turn out . . .

Cl: . . . Like the others. Yeah. I get into an interview and I try to say what is on my mind. I try to say what I'm supposed to say. You know, we've had training in it and everything and I don't know, I just always say the wrong things. I just say what's on my mind or something like that and they just don't like it, or something.

Co: It's just so scary to you that whatever you say seems to turn into . . .

Cl: I feel like in an interview sort of like everything is just hanging on the edge or something and if I just say the wrong thing or make the wrong comment or if I'm not dressed right or something like that . . . I was in an interview a couple of weeks ago and a guy asked me how I would handle discipline problems and I couldn't think of anything to say.

Co: You just sort of dried up and there was . . . like words wouldn't come forth.

Cl: I didn't have . . . I couldn't think of how I would handle discipline problems. Oh man, I just was so tight. I dunno.

Co: You're really anxious about the interviews and what you're going to say.

Cl: Before I get . . . I guess I get just most . . . I just get my breath and everything . . . I get caught up in half an hour, fifteen minutes. I go into these interviews and I get so nervous I can't even think of my own name hardly. I don't know what to do . . .

Co: You seem pretty nervous right now . . . You're talking . . .

Cl: Right now, it's this interview coming up tomorrow. It's not the job I wanted. It's not the school district I wanted but, of course, I'd given up on those a long time ago. But it is just a job. I've got to have a job.

Co: It's really frightening not to have a job and then in every interview it just sort of falls apart on you and you don't see the prospect of getting a job at the end of the interview . . . It's just . . .

Cl: I don't feel like I'm gonna get this job tomorrow.

Co: Are you aware of things that you do in the interview that sort of raise your anxiety as you're going along . . .

Cl: It's nothing I do. It's just something that comes to me. It's there. It just seems to well up and I can't hold it down. It's just this nervous feeling of what to say or what to do. It's just . . .

Co: Do you feel sort of lost?

Cl: I can't control it at all. It just seems to come on when I go to these interviews. It just comes on and I get all nervous and shaky, kinda like I am right now, and . . . uh . . .

Co: It must be very scary to be that out of control . . .

Cl: I just can't do anything about it. There's nothing I can do about that. In student teaching I could do a good job. There was a whole class and I knew what I was gonna teach, algebra or something. I could do that in front of a group. But when I sit down with one person, like a superintendent or something.

Co: It's the one-to-one that really throws you . . . really makes you very anxious and unable to respond appropriately to the situation.

Cl: You'd think I would get more nervous in front of a class. But It's just, uh, maybe it's the less people there are or something like that, I don't know. Well, what it is . . . the students, they can't fire me, I guess. It's the person I'm talking to that is going to hire me or not gonna hire me.

Co: You're trying so hard to make a good impression on this one person.

Cl: You have to make a good impression. There are so many people looking for jobs. So many. And they've got so many to pick from.

Co: There's a lot of pressure on you to be the best possible person for the job!

Cl: There is. It's just that there are so many people looking for jobs and if you just sorta make one sort of goof and say the wrong thing, I don't know, I . . .

Co: You feel one goof is going to knock you completely out of the job.

Cl: Well, I feel it has on some of 'em. Like when I just completely blocked on how I'd handle discipline. I've run over that and I've thought over that a hundred times since that interview what I would say. I could think of lots of different ways to say it, lots of good ways to say it. But at that time I just could not. I just sorta hemmed and, you know, I just couldn't think of anything to say. Right at that moment I just . . . And uh . . . I just don't know what to do about it. I . . . I'm kinda of at my end on it. And here we go tomorrow.

Co: Another one tomorrow and it's going to be the same thing again . . . What am I going to dry up on this time . . . I'm just so scared.

Cl: Yes.

MODELING/DIDACTIC OTHER-DIRECTED

PRE-VIEWING INSTRUCTIONS

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Please tell no one else about your experience in this project.

The videotape you will see begins with a short lecture on an aspect of the counseling process. After the lecture, you will see a segment of a counseling interview in which the counselor demonstrates the points made in the lecture.

Read the outline through before turning on the tape recorder. After you have finished reading, turn on the tape recorder. When the tape is over, please turn the recorder off.

Outline of the Short Lecture

How can counselors develop effective relationships with clients?

All client statements can be looked at in two different ways.

1. content (facts of situation)
2. affect (feelings of client)

Sample counselor content responses:

"Who is the teacher?"

"What grade are you in?"

Sample counselor affect responses:

"You're feeling frightened."

"Right now you are feeling lonely."

Important Point: In order to develop effective relationships, the counselor should respond mainly to the affect and not the content.

In many situations the affect (feeling) is negative.

worthlessness

lonesome

scared

When responding to client affect it is important for the counselor to use words which specifically label the client's feelings. The counselor should therefore use responses like:

"You're feeling lonely right now."

"It's scary to think about the test."

Most feeling states have several feeling words associated with them.

The words frightened, scared, and panicked can often be used in one

situation. Using different words enables the counselor to stay with the feeling the client is having.

Many beginning counselors will initially identify a negative feeling, but then attempt to shift away from it. It is important that once a negative feeling is identified to stay with that feeling.

Once a negative feeling is identified there are several approaches for the counselor to stay with the feeling. The counselor may investigate: intensity, duration, precipitating situations, physical feelings, and involvement of others.

Central Point: The counselor should identify the negative feeling and stay with that feeling. The tendency may be to get away to safer material, but this move should be avoided.

Counselor Responses in the Interview

1. Mark, would you continue with what you were talking about . . .
2. So you're really scared that this interview is going to sort of turn out . . .
3. It's just so scary to you that whatever you say seems to turn into . . .
4. You just sort of dried up and there was . . . like words wouldn't come forth.
5. You're really anxious about the interviews and what you're going to say.
6. You seem pretty nervous right now . . . You're talking . . .

7. It's really frightening not to have a job and then in every interview it just sort of falls apart on you and you don't see the prospect of getting a job at the end of the interview . . . It's just . . .
8. Are you aware of things that you do in the interview that sort of raise your anxiety as you're going along . . .
9. Do you feel sort of lost?
10. It must be very scary to be that out of control.
11. It's the one-to-one that really throws you . . . really makes you very anxious and unable to respond appropriately to the situation.
12. You're trying so hard to make a good impression on this one person.
13. There's a lot of pressure on you to be the best possible person for the job!
14. You feel one goof is going to knock you completely out of the job.
15. Another one tomorrow and it's going to be the same thing again . . . What am I going to dry up on this time . . . I'm just so scared . . .

APPENDIX E

MODELING/DIDACTIC COUNSELOR-DIRECTED

VERBATIM

How can counselors develop effective relationships with the clients they're working with? One way of dealing with this question is to consider that client statements can be analyzed from two different aspects. A counselor can consider the content of what the client is saying or can consider the affect of what the client is saying. The content deals with the facts of the situation presented by the client. The affect deals with the feelings of the client. On the one hand, we have the facts of the situation, on the other, we have the feelings that the client is experiencing. Now, the counselor can respond to either the affect or the content or can respond to both.

Sample counselor responses to the content would be:

Who is the teacher?

What did you get on the last test?

What grade are you in?

All of these counselor questions would be responding to the content of the client's situation.

Sample counselor responses dealing with the affect would be:

You're feeling frightened right now.

You're feeling very anxious.

Right now it's a very lonely feeling.

These responses deal with the affect, or the feelings, that the client is having. The feelings in the three examples were being frightened,

being anxious, being lonely. The important point that I'd like to make is that in developing effective relationships, many counselors think that it is important to respond mainly to the affect, at least initially, in the interview.

In many situations the affect, or the feelings that the client is having about the problem, is negative. There are negative feelings such as worthlessness, being lonesome, being scared, panicked. These could all be considered negative feelings. These negative feelings of the clients can be directed inwardly to themselves, directed at others outside the interview setting, or directed toward the counselor personally.

Sample counselor responses to a client's self-directed negative affect would be:

You're feeling scared because of your reaction.

You're feeling worthless right now.

You feel cheated by your own lack of interest.

Sample counselor responses to a client's other-directed negative affect would be:

You're feeling discriminated against by your teacher.

You feel rejected by his actions.

You're hurting now because of what she said.

Sample counselor responses to a client's counselor-directed negative affect would be:

I really make you feel uncomfortable.

You feel blamed by me.

What else do I do that makes you feel ashamed?

When responding to client affect it is important that the counselor use words that specifically label the client feelings, regardless of toward whom those feelings are directed. The counselor should, therefore, use responses like, "You feel very scared because of your reaction," or "You're feeling rejected by his actions." In the first response the emphasis was on fear; in the second, the emphasis was on rejection.

Most feeling states have several words associated with them. For example, the counselor could probably use frightened, scared, panicked for one particular feeling. If the client is feeling frightened, the counselor can respond to the client fear by using "frightened" and one minute later use "panicked" and still be on the right course as far as the client is concerned. So, I'm trying to encourage the idea that when you respond to negative affect you use different feeling words but still stay on the negative feeling that the client is having. Many beginning counselors will initially attempt to identify the negative feeling but then they will shift away from it. It is important that once the negative feeling is identified that you stay with that feeling to talk about it, let the client think about it, and let the client have that feeling. Other beginning counselors will avoid the negative feeling altogether and go directly to the content, or a very common direction that beginning counselors take is that they go directly toward trying to solve the problem. They don't respond to the anxiety or the fear the client is having. They immediately try to solve the problem; suggest some things the client

can do to alleviate the feeling. Some say that this is only a natural tendency for these counselors to get away from these negative feelings and to move toward more neutral ground or safer ground. The counselor may be fearing where the interview will go if the counselor responded to the panic, the fear, or the loneliness.

Once the negative feeling has been identified, there are several approaches for the counselor to use with that negative feeling. You can investigate the intensity of the feeling, the duration of the feeling, the precipitating situations regarding the feeling. The physical aspects of the feeling is another dimension, or possibly the involvement of others. The central point of what I'm trying to get at here is that the counselor should identify the negative feeling and then stay with that negative feeling, stay right with it, keep responding to it, keep identifying it, and allowing the client to explore that negative feeling further. The tendency might be to get away to safer material, try to solve the problem or in some way try to get away from that negative feeling and the counselor, at this point, should try to avoid this movement. Stay with that negative feeling.

What you're going to see now, following, is a role-played interview between a counselor and a client. Notice how the counselor stays with the negative feeling, keeps responding to it, keeps identifying it and lets the client keep considering that negative feeling. Note the counselor responses in this interview.

Cl: Well, it seems like every time I come in here and we're talking about this thing about me selecting a major and I have to select a major by the end of this coming year. It's just sort of like a brick wall. I just have to select something and I guess I feel like I have to make the right selection and if I don't, I'll just screw the whole thing up. As we talk about it and as we kinda go over it, it's just all the more confusing. It just seems not to go anywhere and in our conversations it just doesn't go anywhere. You . . . you'll say things and I try to think of a response and I'll try to think of a response and I'll end up getting more confused and the words just don't come out . . .

Co: So my responses to you really make you nervous and in a way you're disappointed in the way we're going and disappointed in how you're responding to me in this situation.

Cl: Well, it's just that . . . yeah, the nervousness thing. It really gets to me. It just goes on and on and we talk and you'll say things and I'll say things and nervousness just keeps coming back. I can't do anything. I can't control it. If I could get a grip on it. It just doesn't go anywhere.

Co: What are some of the things I do that make you nervous?

Cl: I don't know. I guess it's like mainly the questions. You'll ask these questions and uh . . . I'll be talking along about some major, or something I've done, or somebody I've talked to or, you know, a professor or class or something. I'm trying to make a decision. I'll be talking along and all of a sudden I'll stop and

I'll look at you and then you just look back at me and you won't say anything. At that point I just get more shook up.

Co: So the questions I ask and maybe the silences after you have said something and my demeanor in some way communicates to you that I've got something in my mind and you aren't quite sure what it is and you want to be very logical and clear in your response and you're really getting more and more uptight as I put the pressure on you.

Cl: I just really get more . . . I just really get uptight and . . . and . . . I get really shook up and I guess that is the thing that's preventing me . . . I feel like it's preventing me from making the decision and selecting this major. Or at least maybe not making the decision but at least making some progress toward making this decision. I don't feel like I'm making any progress because just uh . . . I'm just feeling it right now. I'm just . . .

Co: You're . . . you're very anxious right now. It's just bubbling over on you. It's getting stronger and stronger and my responses are making you more anxious.

Cl: I guess there's another thing, like it's sorta like I'm feeling so uptight and I'm looking across at you and you're feeling so relaxed and calm and cool about it. Boy, like you really feel calm about it and I . . . I feel like I really have to make this decision. My parents are really putting the pressure on me. But you, you're like you're in a different world. Do you see what I'm saying?

Co: In a way . . . uh . . . What I'm hearing you say is that my calm demeanor is making you even more nervous and you'd like to be like

me but it just puts more and more and more pressure on you and you get more and more anxious.

Cl: I'd like to approach it like you approach it. Like you're calm and you think of all the angles and all the questions and everything and like . . . okay, man, it's my decision. See, I'm having to make this decision and it's just driving me up the wall. You know, like you don't have to make the decision. Well, I'd like for you to make the decision for me, but I know you can't do that. I have to make the decision. I have to take the responsibility for it. But I don't feel like I'm up to it.

Co: The responsibility is weighing on you and then my responses to you in this session really make you more and more anxious and more nervous and . . . and it even confuses your decision-making processes.

Cl: They really . . . You know, I really feel confused. Yeah, I just don't know, you know, whether I'm coming or going and I'll think about these sessions between sessions and I'll kinda think . . . I'll picture you and I'll picture me and I'll think of the sorts of things that I'm saying and the sorts of things that you would say and what would I say in response to that and . . . I get all nervous just thinking about when I come in here and . . . you know, what am I gonna say, and what are you gonna say and all of that stuff. It really blows my mind.

Co: Just thinking about the sessions and what I might ask make you nervous. You want to be so logical and so clear in your

explanations about how you're going about making your decisions and just being in here and thinking about being in here raises your anxiety tremendously.

Cl: You know, just thinking about being here with you makes me think of another thing that goes on. I'm in this car pool and there's this woman I like to talk to in the car pool. We have good conversation, some of the time. But half of the time I'm tripping over my words, saying something stupid, and . . . all the while she's just like you are. She's calm, cool and collected and . . . and it makes me kinda get more anxious, uh . . . uh . . . talking with her.

Co: There are some similarities between me and this woman in your car pool. Who else affects you this way and has maybe some of these same similarities?

Cl: Well, I don't have this problem with males. You know, I can talk with them easily. I really don't have any problems with talking with males . . . maybe what we should be talking about in here is my being nervous talking to you or talking to women instead of this major. Maybe that's my real problem. I don't know . . . gee . . .

This is the end of the exercise.

MODELING/DIDACTIC COUNSELOR-DIRECTED

PRE-VIEWING INSTRUCTIONS

Please read the following material before turning on the tape recorder. The reading is intended to focus your attention on the material covered in the tape recording. After you view the tape recording you will counsel a role-playing client in an interview lasting about ten minutes. Attempt to incorporate what you learn from the readings and the tape recording into your counseling. Your counseling session with the role-playing client will be audiotaped. Please let the client begin and end the interview. After the interview is over you will have a chance to receive some feedback from the role player.

Please tell no one else about your experience in this project.

The videotape you will see begins with a short lecture on an aspect of the counseling process. After the lecture, you will see a segment of a counseling interview in which the counselor demonstrates the points made in the lecture.

Read the outline through before turning on the tape recorder. After you have finished reading, turn on the tape recorder. When the tape is over please turn the recorder off.

Outline of the Short Lecture

How can counselors develop effective relationships with clients?

All client statements can be looked at in two different ways.

1. content (facts of situation)
2. affect (feelings of client)

Sample counselor content responses:

"Who is the teacher?"

"What grade are you in?"

Sample counselor affect responses:

"You're feeling frightened."

"Right now you are feeling lonely."

Important Point: In order to develop effective relationships, the counselor should respond mainly the affect and not the content.

In many situations the affect (feeling) is negative.

worthlessness

lonesome

scared

Negative feelings of clients may be directed at themselves, at others outside the counseling setting, or at the counselor personally. Sample counselor negative affect responses would be:

"You're feeling worthless right now" (self-directed client affect).

"You feel rejected by his actions" (other-directed client affect).

"You feel blamed by me" (counselor-directed client affect).

When responding to client affect it is important for the counselor to use words which specifically label the client's feelings. The counselor should therefore use responses like:

"You feel very scared because of your reaction."

"You're feeling rejected by his actions."

Most feeling states have several feeling words associated with them. The words frightened, scared, and panicked can often be used in one situation. Using different words enables the counselor to stay with the feeling the client is having.

Many beginning counselors will initially identify a negative feeling, but then attempt to shift away from it. It is important that once a negative feeling is identified to stay with that feeling.

Once a negative feeling is identified there are several approaches for the counselor to stay with the feeling. The counselor may investigate:

intensity, duration, precipitating situations, physical feelings, and involvement of others.

Central Point: The counselor should identify the negative feeling and stay with that feeling. The tendency may be to get away to safer material, but this move should be avoided.

Counselor Responses in the Interview

1. So my responses to you really make you nervous and in a way you're disappointed in the way we're going and disappointed in how you're responding to me in this situation.

2. Uh-hmm.
3. What are some things that I do that make you nervous?
4. So the questions I ask and maybe the silences after you have said something and my demeanor in some way communicates to you that I've got something in my mind and you aren't quite sure what it is and you want to be very logical and clear in your response and you're really getting more and more uptight as I put the pressure on you.
5. You're . . . you're very anxious right now. It's just bubbling over on you. It's getting stronger and stronger and my responses are making you more anxious.
6. In a way . . . uh . . . What I'm hearing you say is that my calm demeanor is making you even more nervous and you'd like to be like me but it just puts more and more and more pressure on you and you get more and more anxious.
7. Uh-hmm.
8. The responsibility is weighing on you and then my responses to you in this session really make you more and more anxious and more nervous and . . . and it even confuses your decision-making processes.
9. Just thinking about the sessions and what I might ask make you nervous. You want to be so logical and so clear in your explanations about how you're going about making your decisions and just being in here and thinking about being in here raises your anxiety tremendously.

10. There are some similarities between me and this woman in your car pool. Who else affects you this way and has maybe some of these same similarities?

APPENDIX F

SUBJECT RELEASE FORM

I would like to request your participation in a research study. You will be asked to view a 10-15 minute videotape. After viewing the tape you will be asked to be a "counselor" in a role-played situation for approximately 10 minutes. Your role-played situation will be audiotaped. The total time involved in the project will be approximately forty-five minutes to one hour. Evaluation of the tapes will be under complete supervision of the researcher and no persons other than those assistants to the project will have access to the tapes which will be erased upon completion of the study—approximately December 1979.

I hope you will be willing to assist in this project. Your participation is important in that I think it may have direct applicability to the way in which future counselors are trained to respond to their clients. You will be given an opportunity to practice your counseling skills and receive feedback on your performance as a counselor.

STATEMENT OF PERMISSION

I understand that this is an experiment being run by Theodore W. Hayes in conjunction with his doctoral dissertation. I have read the above description and understand that it is a truthful representation of this project. I consent to participation in the project with the understanding that my consent may be withdrawn at any time without penalty.

Date _____

Signature

Printed Name

Project Director: Ted Hayes
111 Claxton Education Building, The University of Tennessee, Knoxville
Phone 974-4159

APPENDIX G

CUES FOR CONSISTENCY FOR ROLE PLAYERS

Don't use feeling words in your conversation before the subject does.

Maintain affect of anger even if the subject is consistently responding to it.

Act as if this session is a follow-up to a previous session.

Initial statement: "I'm sure you remember our discussing last time the incident of the professor's kicking me out of the class. Well, I took your advice and I went to see him to talk to him about the situation and it was just like I told you it would be! He treated me like just so much dirt. I really think your advice was about the worst I've ever gotten. I can't believe I let you talk me into that."

Reminders of previous story.

An undergraduate—finished all required courses. In your department a student can take graduate courses as electives.

Assumed this was true in every department. Enrolled in a psychology course. Kicked out in front of everybody.

Professor: "You're in here under false pretenses; you're not a graduate student. Who's been doing your work for you"

Saw the professor the day after your last session with counselor.

"I guess I thought you knew what you were doing. I'm not so sure now."

"This has affected everything I have tried to do this week."

"I started to see if I could get an appointment with you earlier than today just so I could tell you what I think of your advice."

"I think you're incompetent."

Subject may ask you, "What are some other things I do that make you angry?"

Response: "Your attitude—like you just know everything about what's best for me. I think you try to get me to do things too quickly."

APPENDIX H

GUIDELINES FOR TAPE EVALUATIONS

"ON"

1. Intent, even if feeling word is not said, i.e., "It would feel good to knock his block off."
2. Feeling identified and moving into problem solving, i.e., "Have you thought about telling him how angry you're feeling?"
3. Use of feeling word (appropriate), i.e., "You look depressed."
4. Responding to feeling whether past, present or future.
5. Exploration of feeling—intensity, physical effects, duration.

"OFF"

1. Feeling stated but denied, i.e., "You really shouldn't be angry."
2. Feeling not clear, i.e., "It would make you feel better."
3. Use of "thinking" word vs. "feeling," i.e., "You feel they blame you."
4. Asking how client feels without stating feeling, i.e., "How did you feel?"
5. Use of wrong feeling word, i.e., "When the professor kicked you out of the class, that made you really tense."

OTHER RATING PROCEDURES:

1. Do not rate counselor's initial structuring of the interview.
2. One continuous response if client only needs or says, "Yes" and there is a definite continuation by the counselor such as "ah" and "and."
3. Do not rate a counselor response of only "Yeah," "yes" or "no."

APPENDIX I

TAPE RATING FORM

Counselor _____

Feeling _____

Rater _____

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OFF

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APPENDIX J

Table 4
Original Data

	Covariate	Dependent Variable	Adjusted Dependent Variable
Verbal Practice Other-Directed (Group 1)	1.625	0.458	0.469
	1.625	0.807	0.818
	1.844	0.676	0.687
	2.031	0.432	0.443
	2.625	0.750	0.761
	2.750	0.470	0.481
	2.875	0.706	0.717
	2.906	0.875	0.886
Verbal Practice Counselor-Directed (Group 2)	1.844	0.502	0.483
	1.969	0.542	0.523
	2.000	0.389	0.370
	2.594	0.878	0.859
	2.688	0.630	0.611
	2.844	0.732	0.713
	2.875	0.706	0.687
	3.000	0.700	0.681
Modeling/Didactic Other-Directed (Group 3)	1.781	0.360	0.360
	1.812	0.530	0.530
	1.844	0.414	0.414
	1.938	0.784	0.784
	2.750	0.521	0.521
	2.812	0.541	0.541
	2.865	0.303	0.303
	3.031	0.680	0.680
Modeling/Didactic Counselor-Directed (Group 4)	1.781	0.075	0.068
	1.812	0.432	0.425
	1.875	0.214	0.207
	2.000	0.820	0.813
	2.000	0.466	0.459
	2.938	0.566	0.559
	3.031	0.700	0.693
	3.031	0.774	0.767

VITA

Theodore Wingo Hayes was born in Memphis, Tennessee, on February 7, 1931. He was graduated from the Louisville (Ky.) Male High School in June 1948. He served two years in the United States Army (1951-1953). He was graduated from the University of Chattanooga in June 1956. For the next eight years he was employed as a chemist by the Tennessee Valley Authority. While employed there he received a National Science Foundation grant for graduate work at the University of Michigan, from which he received the Master of Public Health degree in 1961. In 1964 he entered the Southern Baptist Theological Seminary and received the Master of Religious Education degree in 1966. He then served as a minister in churches in Georgia, Florida, Tennessee, and Mississippi. He entered the graduate school of The University of Tennessee, Knoxville, in January 1976 and received the Doctor of Education degree in Educational Psychology and Guidance in December 1979. During the academic years 1976-1979 he served as a graduate teaching assistant.